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Date: August 23, 2005

FACSIMILE COVER LETTER

Facsimile Number: 571-273-8300

To: Examiner Traci L. Smith
Group Art Unit 3629, USPTO

From: Mr. Daniel J. Stanger
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

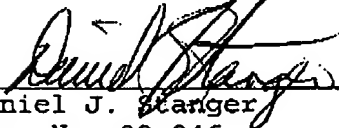
Re: USSN 09/942,700
Attorney Docket No.: H-1007

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL;
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PETITION FOR THREE-MONTH EXTENSION OF TIME; AND
CREDIT CARD FORM INCLUDING \$1,020.00 IN PAYMENT OF
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August 23, 2005


Daniel J. Stanger
Reg. No. 32,846

Date

Total Number of Pages (including cover sheet): 24

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FORM PTO-1083

PATENT

Case Docket No. H-1007

In RE application of M. NAGASAWA

Serial No.: 09/942,700

Group Art Unit: 3629

Filed: August 31, 2001

Examiner: TRACI L. SMITH

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For: METHOD FOR PROVIDING INFORMATION SERVICE AND
FOR MANAGING INFORMATION PROCESSING RESOURCESAssistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 10	Minus	** 20	-	0
Indep.	* 3	Minus	*** 3	=	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A
SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.

☒ A check in the amount of \$ 1,020.00 is attached in payment of:
CREDIT CARD FORM INCLUDING 3 MONTH EXT OF TIME.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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